

**RETIREE BILLING INFORMATION
PPO MEDICAL PLAN**

UnitedHealthcare Benefit Services – Billing Service provided by UnitedHealthcare

The District contracts with UnitedHealthcare to handle all billing for retirees who are insured with dependents under the PPO+ Medical Plan.

Retirees who have elected to continue the PPO Medical Plan are required to contribute for dependent coverage. Effective July 1, 2009, retirees with one dependent, the monthly contribution is **\$142.08**. For retirees with two or more dependents, the monthly contribution is **\$266.38**. UnitedHealthcare Benefit Services will bill you directly for these costs beginning July 1, 2009. Premium rates are subject to change every July 1st.

I. AUTOMATIC BANK WITHDRAWAL (ACH) PAYMENTS:

For information regarding retirees' billing or Automated Clearing House (ACH), which is a nationwide electronic funds transfer (EFT) system, please contact:

**UnitedHealthcare Benefit Services
PO Box 221709
Louisville, KY 40252**

If you have opted for ACH Payments or automatic payment withdrawals from your bank account, your ACH payment will be processed by **Key Bank**.

II. TO SEND IN PAYMENT BY MAIL:

Please mail your premium payments to:

**UnitedHealthcare Benefit Services
PO Box 713082
Cincinnati, OH 45271-3082**

IMPORTANT: For the initial invoice, you must pay the bill with a regular check. Thereafter, an ACH service (electronic fund transfer) will be available. An ACH form will be provided along with the initial billing for your convenience.

Please ensure that the check or money order is signed, dated, and includes your account number on the lower left corner of check. Make the check payable to: **UnitedHealthcare**. To avoid termination of the policy due to non-payment, all premium payment is due on the last day of each covered month.

You may also obtain information, print Premium Statements and communicate with UnitedHealthcare Benefits Services by visiting their web site: www.uhcservices.com. You will need your Social Security Number and birth date for your initial log in. You should receive a password from UHC Benefit Services Unit within two days of your initial log in. This password should be retained for future log in purposes.

**Customer Service Phone: (866) 747-0048
FAX (502) 326-5303
UHC Group #708611**